


ACTIVE LIFE
PHYSIOTHERAPY CENTRE
centre for quality care

Physiotherapy • Massage Therapy • Chiropractic • Acupuncture
Orthotics • Car Accident • W.S.I.B. • Sports Injury

Work Related Injury (claims for WSIB):

Date of injury: _____ WSIB claims No: _____
Health (OHIP) card No: _____ SIN: _____
Employer's Name: _____
Employer's address: _____
City: _____ Postal Code: _____
Employer's Phone No: _____ Fax No: _____

Car Accident:

Auto Insurance Company: _____
Did you inform your insurance company? _____
Accident date: _____
Policy #: _____
Claim #: _____
Adjuster's Name: _____
Adjuster's Phone #: _____ Fax #: _____
Previous Therapy: Yes/No
If YES, Then: Name of clinic: _____
How Long?: _____

Legal Representation:

Law Firm : _____ Contact Person: _____
Phone #: _____ Fax: _____